

## (1) PLACE OF BIRTH

County of AndersonTownship of SumnerInc. Town of Sumner(City of Sumner)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only

28111

Registration District No. 17ARegistered No. 39  
(For use of Local Registrar)(No. 17A St. 39 Ward)(2) Full Name of Child Carl Brown

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH April 10 1923  
(Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Elmer Brown</u>	(14) NAME BEFORE MARRIAGE <u>Ella Smith</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Sumnerville SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Sumnerville SC</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(12) BIRTHPLACE <u>Cherokee SC</u>	(12) BIRTHPLACE <u>Harleyville SC</u>	(13) OCCUPATION <u>Latency</u>	(13) OCCUPATION <u>Dom</u>
(20) Number of children born to mother, including present birth <u>(5)</u>	(21) Number of children of this mother now living, including present birth <u>(1)</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 P.M. on the date above stated. (Hour M. or P. M.)(23) (Signature) Dr. J. L. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Sumnerville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by Dr. J. L. Smith)(27) Filed Apr 8 1923 (28) J. L. Smith Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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